Pakistan

Force Health Protection (FHP) Recommendations

Protecting unit personnel from disease and non-battle injury (DNBI) is critical to maintaining operational readiness, particularly on deployments. Line Commanders are responsible for implementing an effective Force Health Protection (FHP) program. It is a medical responsibility to identify health threats and recommend appropriate countermeasures. This section provides specific recommendations that may be useful in devising the command FHP program. Though these recommendations are structured for field military operations, they can also be adapted for individual travelers. **For official FHP policy, refer to guidance and directives issued by the Joint Staff, CINC Surgeon, or other appropriate command channels. Consideration should be given to the complete spectrum of FHP, including infectious diseases, mental health, environmental exposures, injury prevention, jet lag, etc.**

Major Infectious Disease Countermeasures Focus

The following infectious diseases, in descending order, could have major impact on individual or unit readiness if not properly addressed. See the Infectious *Disease Risk Assessment* for more detailed lists:

Food- or Waterborne (enterically transmitted) Diseases

Diarrhea
Hepatitis A and E
Other enteric infections, including typhoid fever

Vector-borne Diseases

Malaria, including relapsing forms
Arboviral diseases (sandfly fever, West Nile fever dengue fever, other)
Others including leishmaniasis

Sexually Transmitted Infections including HIV

FHP Priorities Before Deployment

Involve appropriate Preventive Medicine (PM) personnel in planning and preparation

Conduct *pre-deployment health assessment* as required by CINC or Joint Staff directives

Perform screening/testing

HIV, PPD, and G-6PD per Service-specific or CINC/Task Force policy

Ensure immunizations

Routine vaccines for deployable personnel (per Tri-Service Immunization Instruction)
hepatitis A, influenza, MMR, polio, Td, typhoid, yellow fever

Other potential vaccines depending on specific risks of individual operations (may be directed by appropriate authority or Service specific guidance)
meningococcal meningitis

Begin malaria chemoprophylaxis if exposure is anticipated

Variable risk. (See *Infectious Disease Risk Assessment* for details on risk period and distribution.)

Recommended regimen: Mefloquine
Mefloquine 250 mg/week begun 2 weeks before entering risk area,
continued weekly until 4 weeks after departure.
(Note: flight status personnel cannot take mefloquine)

Alternate regimen: Doxycycline
Doxycycline 100 mg per day begun 2 days before entering risk area
continued daily until 4 weeks after departure.
(Note: approved for flight status personnel)

Additional post-exposure prophylaxis
Relapsing forms of *P. vivax* exist for which primaquine is effective
Primaquine 15 mg/day begun on day of departure, continued for 14 days
This runs concurrently with the mefloquine or doxycycline described above
(Note: Primaquine is not recommended for G-6PD deficient individuals)

Procure Personal Protective Supplies

Procure adequate DEET for daily use by all personnel
Treat field uniforms with permethrin
Procure bed nets for all personnel in field conditions, treat with permethrin
Other protective supplies: sunscreen, lip balm, hearing protection

Conduct FHP/Preventive Medicine Briefing

Provide training on maintaining health, to include, if appropriate:

- precautions for eating/drinking/ice on the local economy
- hand-washing and personal hygiene
- use of personal protective measures
- proper use of chemoprophylaxis
- sexually transmitted infections avoidance
- avoid unnecessary contact with lakes, rivers, streams, and other surface water
- rabies precautions: avoid any contact with local animals; report all bites; **significant threat**
- injury prevention (for example, vehicle safety, training injuries, sports injuries)
- avoidance of environmental hazards (for example, industrial toxic chemicals)
- hot-weather discipline
- cold-weather discipline
- prevention of altitude sickness
- other topics as indicated

FHP Priorities During Deployment

Deploy appropriate PM personnel and equipment

Provide safe food, water, ice

Procure food, water, ice only from US-approved sources

Operate food preparation facilities in accordance with Service directives

Avoid consuming local food, water, ice while off-duty, or observe appropriate precautions

Provide proper field sanitation/hygiene

Ensure field latrines are provided in accordance with Service directives

Ensure proper hand-washing facilities near all latrines or food service/dining facilities

Enforce hand-washing

Ensure proper removal of garbage and solid waste in accordance with Service directives

Eliminate food/waste sources that attract pests in living areas

Enforce chemoprophylaxis

Leadership supervision to ensure accountability for taking malaria medication as directed

Enforce personal protective measures

Wear proper uniform (permethrin treated) with sleeves down, boots bloused

Leadership emphasis on the use DEET day and night as appropriate

Sleep under mosquito netting (treated with permethrin)

Encourage abstinence from sexual contact. Use latex condoms if sexually active

Conduct vector surveillance and control as needed

Conduct environmental hazard assessment as needed

Monitor climatic conditions and enforce appropriate hot/cold weather discipline

Conduct DNBI Surveillance in accordance with CINC and Joint Staff directives

Weekly DNBI rates should be monitored

Higher than expected rates warrant investigation and implementation of corrective action

Before leaving AOR, conduct *post-deployment health assessment* as required by CINC or Joint Staff directives

FHP Priorities After Deployment

If not accomplished prior to leaving AOR, ensure completion of *post-deployment health assessment* as required by CINC or Joint Staff directives

Conduct post-deployment screening and testing (for example, HIV and PPD) per Service or CINC directives

Supervise and enforce post-exposure malaria chemoprophylaxis if applicable, including:

Continue weekly mefloquine or daily doxycycline for 4 weeks after departure

Begin primaquine on day of departure, 15 mg/day for 14 days, unless G-6PD deficient (Note: failure to enforce post-exposure prophylaxis greatly increases the risk of subsequent vivax malaria infection weeks or months after deployment)

Conduct post-deployment preventive medicine briefing